

# L000000005793

101 E. College Ave  
Address

Catherine Fleming 322-6891  
Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. 1060 Brickell Partners, LLC  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☒ Walk in ☒ Pick up time call me ☒ Certified Copy - Articles of Organization  
☐ Mail out ☐ Will wait ☐ Photocopy ☒ Certificate of Status (not certified copy)

NEW FILINGS	AMENDMENTS
Profit	Amendment
NonProfit	Resignation of R.A., Officer/ Director
Limited Liability	Change of Registered Agent
Domestication	Dissolution/Withdrawal
Other	Merger

OTHER FILINGS	REGISTRATION/ QUALIFICATION
Annual Report	Foreign
Fictitious Name	Limited Partnership
Name Reservation	Reinstatement
	Trademark
	Other

500003259395--1  
-05/19/00--01071--009  
\*\*\*\*160.00 \*\*\*\*160.00

Examiner's Initials

28031(1/95)

FILED  
00 MAY 19 PM 1:21  
RECEIVED  
00 MAY 19 PM 1:13  
SECRETARY OF STATE  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL 32304

**ARTICLES OF ORGANIZATION  
OF  
1060 BRICKELL PARTNERS, LLC**

**ARTICLE I - Name**

The name of the Limited Liability Company is 1060 BRICKELL PARTNERS, LLC (the "Company").

**ARTICLE II - Address**

The mailing address of the principal office of the Company is c/o Tamara J. Fisher, P.O. Box 311, Palm Beach, Florida 33480.

**ARTICLE III - Duration**

The period of duration for the Company shall be perpetual unless dissolved according to law.

**ARTICLE IV - Management**

The daily, usual course of business of the Company will be managed by its manager (the "Manager"). The Manager shall be elected annually by the members in the manner prescribed by and provided for in the Regulations of the Company. The Manager shall also hold the office and have responsibilities accorded to him/her by the members and as set forth in the Regulations of the Company. The members reserve the general management of the Company to themselves, and therefore all decisions outside the usual course of the Company's business will require the consent of a majority of the members. The name and address of the Manager who is to serve is as follows:

Tamara J. Fisher  
P.O. Box 311  
Palm Beach, Florida 33480

**ARTICLE V - Admission of Additional Members**

The right, if given, of the remaining members to admit additional members and the terms and condition of the admissions shall be subject to a vote of all of the existing members and conditioned on the new member's agreement to abide by all existing agreements of the members regarding the conduct of the Company.

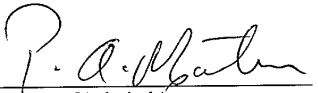
FILED  
APR 19 PM 1:21  
CLERK OF DISTRICT COURT  
JANUARY OF STATE  
PALM BEACH, FLORIDA

**ARTICLE VI - Members Rights to Continue Business**

The right, if given, of the remaining members of the Company to continue the business in the event of the termination of the Company due to death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the Company; the remaining or surviving members may continue in the business of the Company provided that all of the remaining members agree to do so in writing.

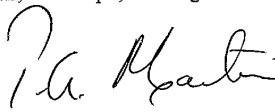
**ARTICLE VII - Registered Agent and Office**

The street address of the Corporation's initial registered office is 1221 Brickell Avenue, Suite 2100, City of Miami, County of Miami-Dade, State of Florida 33131, and the name of its initial registered agent at such office is Pedro A. Martin.

  
\_\_\_\_\_  
Signature of Authorized Agent  
Pedro A. Martin

**ACCEPTANCE OF APPOINTMENT OF REGISTERED AGENT**

The undersigned, having been named the Registered Agent of 1060 BRICKELL PARTNERS, LLC hereby accepts such designation and is familiar with, and accepts, the obligations of such position, as provided in Florida Statutes §608.415 or §608.507.

  
\_\_\_\_\_  
By: Pedro A. Martin, as Agent

Dated: May 17, 2000.

FILED  
00 MAY 19 PM 1:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # L00000005793**1. Entity Name  
**1060 BRICKELL PARTNERS, LLC****FILED**

01 FEB -6 AM 7:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>% TAMARA J. FISHER PO BOX 311 PALM BEACH FL 33480</b>		Mailing Address <b>% TAMARA J. FISHER PO BOX 311 PALM BEACH FL 33480</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MARTIN, PEDRO A 1221 BRICKELL AVENUE, SUITE 2100 MIAMI FL 33131		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<p align="center"><b>FILE NOW!!! FEE IS \$50.00</b> Make Check Payable to Department of State</p>			
9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FISHER, TAMARA J PO BOX 311 PALM BEACH FL 33480 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400003678924-2 -02/14/01--01010--008 *****50.00 *****50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the registrar or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE:		Date: 1/19/01 5d Daytime Phone # 670-7438	

0015822 AF

CPE083 (11/00)

**FILED**  
**May 30, 2002 8:00 am**  
**Secretary of State**

05-12-2002 90583 033 \*\*\*\*\*50.00

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # L00000005793**1. Entity Name  
1060 BRICKELL PARTNERS, LLC

## Principal Place of Business

% TAMARA J. FISHER  
PO BOX 311  
PALM BEACH FL 33480

## Mailing Address

% TAMARA J. FISHER  
PO BOX 311  
PALM BEACH FL 33480

## 2. Principal Place of Business

Suite, Apt. #, etc.

## 3. Mailing Address

Suite, Apt. #, etc.

## City &amp; State

## City &amp; State

## Zip

## Country

## Zip

## Country

## 4. FEI Number

APPLIED FOR  
52-2300323Applied For  
Not Applicable

## 5. Certificate of Status Desired

☐\$5.00 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

MARTIN, PEDRO A  
1221 BRICKELL AVENUE, SUITE 2100  
MIAMI FL 33131

## 7. Name and Address of New Registered Agent

## Name

Street Address (P.O. Box Number is Not Acceptable)

## City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

## SIGNATURE

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

## 9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
FISHER, TAMARA J  
PO BOX 311  
PALM BEACH FL 33480☐ Delete

## 10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Change☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Change☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ DeleteTITLE  
NAME  
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CITY-ST-ZIP☐ Change☐ AdditionTITLE  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Change☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Change☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

## SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE



4/29/01

(52)  
818-2252

Daytime Phone #

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90109 002 \*\*\*\*\*50.00

<b>DOCUMENT # L00000005793</b>			
1. Entity Name <b>1060 BRICKELL PARTNERS, LLC</b>			
Principal Place of Business <b>% TAMARA J. FISHER PO BOX 311 PALM BEACH FL 33480</b>		Mailing Address <b>% TAMARA J. FISHER PO BOX 311 PALM BEACH FL 33480</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>52-2306363</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>MARTIN, PEDRO A 1221 BRICKELL AVENUE, SUITE 2100 MIAMI FL 33131</b>		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____			
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2003</b>			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the registrar or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: 		Date: <b>2/7/03</b> (54) 818-2252	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #	

CR2ED03 (10/02)